Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOT	CE FILING				
AGENCY NAME MSDH		CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER ' 6015767847	
ADDRESS 570 East Woodrow Wilson		CITY Jackson		STATE MS	ZIP 39216
EMAIL ingrid.williams@msdh.state.ms.us	SUBMIT DATE 7/19/201 6	Name or number of rule(s): Title 15, Part 13- Food Protection, Subpart 74- Milk & Dairy Chapter 4			
Short explanation of rule/amendment	/repeal and reason	(s) for proposing rule/amendme	ent/repeal: _	Amend th	e regulation_
Title 15, Part 13, Food Protection to a	dd Chapter 4 Fees ir	order to revise existing fees ar	nd include n	ew fees as t	they relate to Frozen
Desserts and Milk and Milk Products a	s specified in Chapt	ers 1 and 2 respectively. Remov	ved Chapter	3 which is a	a duplicate of 2.
Specific legal authority authorizing the				75-31-65	MANAGE OF
List all rules repealed, amended, or su	spended by the pro	posed rule: <u>1.1.4; 2.1.5; 3.1.1-3</u>	3.1.19		
ORAL PROCEEDING:				a programme	
An oral proceeding is scheduled for	r this rule on Date	e:	-		
Presently, an oral proceeding is no	t scheduled on this	rule.			
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email ad comment period, written submissions including	should be submitted to to clude the name, address dress, and telephone nu	the agency contact person at the above , email address, and telephone number mber of the party or parties you repres	e address within r of the person(ent. At any tim	n twenty (20) o (s) making the ne within the t	lays after the filing of this request; and, if you are an wenty-five (25) day public
ECONOMIC IMPACT STATEMENT:		Name of the Control o	an interest of		
Economic impact statement not required for this rule.					
Original filing Action pr Renewal of effectiveness Ne		osed: rule(s) ndment to existing rule(s)	FINAL ACTION ON RULES Date Proposed Rule Filed: 5-25-2016 Action taken: X Adopted with no changes in text Adopted with changes		
Effective date:	Repe	al of existing rule(s)		pted by refe	
Immediately upon filing Other (specify):	Proposed fir	tion by reference nal effective date:	Rep	eal adopted	as proposed
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ys after filing r (specify):	Effective d X 30 days		
		A STATE OF THE STA	Oth	er (specify):	
Printed name and Title of person a Administrative Officer	authorized to file i		eputy State	Health Of	ficer, Chief
Signature of person authorized to file rules:					
OFFICIAL FILING STAMP		OT WRITE BELOW THIS LINE		OFFICIAL FIL	ING STAMP
		>	SEC	JUL MISS CRETAR	1 9' 2016 ISSIPPI RY OF STATE
Accepted for filing by	Accepted fo	r filing by	Accepted 1	for filing by	AU
The entire text of the Proposed Rule	including the text of	fany rule being amended or ch	11		9